

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund		FEC IDENTIFICATION NUMBER ▼ C C00712497	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2020	

Full Name of Payee Card Services Center		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 01 / 2020	
Mailing Address 200 Chastain Center Blvd., #200		Amount 5364.05	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : EDT.E.171
Purpose of Expenditure Postcards - CA, FL, TX, OH	Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 11 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		207201.44	

Full Name of Payee Card Services Center		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 01 / 2020	
Mailing Address 200 Chastain Center Blvd., #200		Amount 1299.84	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : EDT.E.175
Purpose of Expenditure Postcards - CA, FL, TX, OH	Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 14 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		207201.44	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6663.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2020

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund		FEC IDENTIFICATION NUMBER ▼ C C00712497	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 02 / 02 / 2020	

Full Name of Payee Cohen, Seth Adam, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2020	
Mailing Address 1740 Winona Blvd., #308		Amount 2453.50	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDT.E.95 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2020
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type 24E	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
		207201.44	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2453.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9117.39

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

MM / DD / YYYY
03 / 20 / 2020

Signature